

[Physician/Clinician Name, Credentials]
[Facility/Practice Name]
[Address Line 1]
[Address Line 2]
[Phone Number]
[Date]

RE: [Patient Full Name]
DOB: [Patient Date of Birth]

To Whom It May Concern,

I am writing to provide the psychiatric evaluation and medical clearance for [Patient Name]. I have been treating this patient since [Start Date] for the diagnosis of [Diagnosis/Condition].

On [Date of Evaluation], I performed a comprehensive psychiatric evaluation. Based on this assessment, my findings are as follows:

- **Mental Status:** [Describe current mental status, e.g., stable, oriented, no acute distress].
- **Adherence:** The patient is currently compliant with their prescribed treatment plan and medication regimen.
- **Risk Assessment:** At this time, the patient does not express any thoughts of harm to self or others.

In my professional opinion, [Patient Name] is emotionally and mentally stable enough to participate in [Specific Activity, e.g., return to work, surgery, academic program]. There are no psychiatric contraindications to proceeding with this activity at this time.

Recommendations/Restrictions:

[Insert any specific restrictions or "None"].

Please feel free to contact my office at [Phone Number] if you require any further information.

Sincerely,

[Signature]

[Printed Name and Credentials]
[License Number/NPI]